



**Public Health Advisory Board meeting minutes
January 12, 2023, 3:00-5:30 pm**

Attendance

Board members present: Rachael Banks, Mike Baker, Bob Dannenhoffer, Veronica Irvin, Jackie Leung, Kelle Little, Meghan Chancey, Sarah Present, Erica Sandoval, Jeanne Savage, Dean Sidelinger, Ryan Petteway, Jawad Khan, Marie Boman Davis, Jocelyn Warren

Board members absent: Nic Powers

PHAB subcommittee members and workgroup members present: Kat Mastrangelo, Rosemarie Hemmings, Kim La Croix, Jameela Norton

OHA Staff for PHAB: Sara Beaudrault, Tamby Moore, Cara Biddlecom, Victoria Demchak

Welcome and introductions

- PHAB members, subcommittee and workgroup members and staff introduced themselves and welcomed PHAB's newest member, Marie Boman Davis.
- Cara Biddlecom and Rachael Banks provided OHA updates.
 - Governor Kotek was inaugurated on Jan 9.
 - James Schroeder is serving as the Interim OHA Director
 - Ebony Clark has been appointed as the OHA Behavioral Health Director
 - Governor Kotek will release her recommended budget by early February.
 - Legislative session starts Jan 17. More than 1,800 presession bills have been filed.

- PHAB members voted to approve the December meeting minutes. Two abstentions.

Subcommittee updates

- Strategic Data Plan Subcommittee
 - At the last meeting the subcommittee heard a presentation on the Behavioral Risk Factor Surveillance System (BRFSS) survey, including its role in gathering data on the health of people in the state. The survey has lower response rates, is lengthy and is only available in English and Spanish.
 - The subcommittee discussed improvements through survey modernization and is interested in continued discussions on improved data, improving trust in public health data and behavioral health data.
- Accountability Metrics subcommittee
 - Purpose for January meeting was to continue to discuss environmental health metrics for summer heat-related morbidity and mortality and air quality morbidity. The group talked about data sources and ways in which communities have provided input to show that these are community priorities.
 - Subcommittee members raised questions about how OHA funding to CBOs is being captured in these metrics.
 - The subcommittee discussed policy-related metrics for environmental health.
 - At the next meeting, the subcommittee will continue to discuss environmental health metrics and move toward a set of environmental health metrics to recommend to PHAB. The subcommittee will then shift its attention to communicable disease metrics.

Public health modernization investment prioritization

- Marie provided an update on the PHAB public health modernization funding workgroup and reviewed workgroup materials included in the PHAB meeting packet.

- The workgroup reviewed a table of system-wide priorities at four different funding levels.
 - Some members recommended that chronic disease prevention be included at lower levels of funding. The group discussed how investments in developing a statewide public health equity plan as well as other investments in foundational capabilities such as community partnership development with other sectors build capacity for chronic disease prevention.
 - The group recommended that chronic disease prevention and other foundational programs be directed toward upstream interventions to address social and structural determinants of health.
 - Some members recommended that in future years, PHAB reconsider how foundational programs are phased in over time with funding, including how chronic disease prevention is prioritized.
- The workgroup reviewed information on current public health modernization funding across organization types, the amount of funding that was included at the full POP request of \$286 million, and what proportional investments would look like across organization types at lower levels of new investments.
 - The workgroup was asked to consider two options: using proportional allocations to determine how new investments are distributed in 2023-25, or modifying proportional allocations.
 - Some members noted that proportional reductions are a fair approach but are not equitable. Other members noted that a proportional reduction is based solely on what was initially proposed and does not take into account what work will be done. Others discussed that funding to CBOs is inequitable by region.
- The majority of workgroup members, but not all, supported sharing this proposal for proportional reductions with PHAB. The workgroup recommended that PHAB continue discussions about funding and allocation of funding. There was not time to have these conversations fully.
- Bob noted that there were no proposals brought forward other than proportional reductions.

- Jeanne asked who PHAB’s recommendations are provided to, and whether community-based organizations have been included in previous budgets. Cara responded that OHA was asked to provide this to the Legislature in November. This is a customary part of the legislative budget process. CBOs were included in the 2021-23 budget.
- Jocelyn spoke about the Public Health Modernization Manual and 2016 public health modernization assessment. The assessment provided an understanding of the work of state and local public health authorities and the associated costs. There is not similar clarity on the work of CBOs, what they’re responsible for, and how much it costs. She does not feel confident that the funding proposal before PHAB is reasonable, especially since LPHAs are chronically underfunded.
- Rachael said that the workgroup developed detailed tables on the work of LPHAs, CBOs, Tribes and OHA. Rachael noted that the 2016 assessment did not include the totality of the funding that is needed for the public health system because Tribes and CBOs were not a part of that process. Public health has a much better understanding now of what is needed to respond to emergencies like the COVID pandemic and the costs to do it.
- Rachael noted that the work of governmental public health is different than the work of community-based organizations, and moving forward our work is to bring these together in a complementary way to best serve communities.
- Bob said that in this proposal, CBOs will be a major part of the delivery system. He asked that PHAB receive an in-depth presentation on the work of CBOs and the vision for the future.
- Jackie said that her CBO has been asked to be present in public health without compensation for years, until the COVID pandemic. Jackie spoke about her organization’s role to connect community members to services, including when there was lack of trust in governmental organizations or language and cultural barriers. Jackie said that this conversation should not be about LPHAs vs CBOs. CBOs need to be funded too and they’ve consistently been asked to work on behalf of public health for free in the past.
- Jawad spoke about prevention and education, screening, health promotion and access to care provided by his organization. They address issues related to poverty and unemployment, which are critical to health. They build trust, especially through language access.

- Jeanne asked whether the vision for the accountability metrics subcommittee is to establish metrics for all parts of the public health system.
- Erica acknowledged that time is needed for these important conversations and recognized the opportunity to bring groups together, also acknowledging the differences across areas of the state.
- Ryan asked about investments for community-led data systems. Cara said we will bring this information to a future PHAB discussion. Ryan stated that that community-led data should be centered, and not compartmentalized. There need to be comparable investments in community-led data systems in order to abide by the equity principles that PHAB has prioritized.
- Mike said that his understanding is that public health modernization is intended to support state and local public health, and funding should follow the Public Health Modernization Manual. Are we blending multiple concepts in one funding stream? If they are different, should we use other funding streams for partnership work?
- Rachael said the biggest gap in the 2016 assessment across the public health system was in health equity and cultural responsiveness, and public health data continue to show this. The value and progress in working with CBOs supports us all to achieve this competency.
- Cara said that all parts of the system have critical roles to achieve health equity. This is about how to work together to identify and leverage strengths and roles.
- Jocelyn said that relationships have not been developed between LPHAs and CBOs funded by OHA, and in some cases this has set up a contentious relationship. There needs to be collaboration and power-sharing. She wished we could have started there, and now we're trying to bring siloed systems together.
- Rachael noted that the funding priorities includes shared planning for health equity and work force this will bring groups together through a strengths-based approach. She acknowledged this didn't happen initially.
- Jeanne clarified that the overarching strategy is that LPHAs, CBOs, Tribes and OHA would work together for the provision of public health. How can we support this overall vision if we don't fund community-led data piece adequately? This may require additional discussion.

Public comment

- Beth Barker Hidalgo from the Curry County Homeless Coalition provided public comment on the value of looking for opportunities for more collaboration to reach underserved community members, especially during the period of after-action planning following the COVID pandemic.
- Olivia Quiroz with the Oregon Latino Health Coalition and a member of Governor Brown’s Racial Justice Council provided comment on the ongoing role CBOs play during public health emergencies. During the pandemic, her organization was on the forefront to serve their community and advocate for resources. The public health infrastructure to address the needs of communities was not there. It has been an ongoing partnership to develop this infrastructure, including community health workers. Partnerships and funding is critical. Her community has reached the COVID-19 vaccination benchmarks, but two years behind. Now they can focus on a proactive prevention approach on behalf of communities of color.

1115 Medicaid waiver, 2022-2027

- Lori Coyner provided a presentation on the goals, authorities and funding for the 1115 Medicaid waiver.
- Bob noted he was glad to see the focus on people in the carceral system. He asked whether the waiver envisions connections between CCOs and LPHAs. Lori said she expects connections around housing and nutrition services.

February meeting agenda items and 2023 work plan

- OHA staff anticipate legislative updates at upcoming meetings, and presentations from groups receiving modernization to learn about current investments.
- OHA staff are drafting a 2023 work plan for PHAB.
- Members shared other topics they would like on upcoming agendas and the work plan.
 - Developing a public health system vision and the roles of all parts of the system to achieve this vision.
 - Developing an equitable funding approach for the public health system
 - Discussion on investments in community-led data initiatives.

- Discussion with OHA Tribal Affairs Director, Julie Johnson, on the Tribal health care delivery system

Adjourn

- Meeting adjourned at 5:05 pm.
- The next Public Health Advisory Board meeting will be held on February 9, 2023 from 3:00-5:30 pm.

Everyone has a right to know about and use Oregon Health Authority (OHA) programs and services. OHA provides free help. Some examples of the free help OHA can provide are:

- Sign language and spoken language interpreters.
- Written materials in other languages.
- Braille.
- Large print.
- Audio and other formats.

If you need help or have questions, please contact Cara Biddlecom: at 971-673-2284, 711 TTY, or publichealth.policy@dhsoha.state.or.us, at least 48 hours before the meeting.